



**MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
RESOURCE MANAGEMENT DIVISION**

**ELECTRONIC DEVICE MANUFACTURER
REGISTRATION FORM**

*Registration is required under authority of Section 17303 of Part 173, Electronics, of the
Natural Resources and Environmental Protection Act, 1994 PA 451, as amended.*

**FOR ADDITIONAL INFORMATION, CONTACT THE
MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY,
RESOURCE MANAGEMENT DIVISION,
SOLID WASTE AND LAND APPLICATION SECTION, AT 517-241-2924**

YEAR 2012-13 **FOR DEQ USE ONLY**

EDM 2010-077

Date Received by DEQ: 12/4/2012

Received by: MLC

Fee: \$3,000.-

Yes No

ELECTRONIC DEVICE MANUFACTURER

1. Company Name (True Name and All Assumed Names): Innovative DTV Solutions

2. Area Code and Telephone Number:
562-777-1606

3. Manufacturer of:

Video Display Devices

Yes No

Computers

Yes No

Printers

Yes No

4. Mailing Address:

Address: 12070 Telegraph Road

City: Santa Fe Springs

State: California

ZIP: 90670

Country: USA

County (if in Michigan):

5. Home Web Site Address: www.rcamobiledigitaltv.com

6a. Contact name: Chris Lee

6b. Contact e-mail address: chrislee@dsconverter.com

6c. Contact telephone number: 562-777-1606

**BRAND NAMES OF COVERED ELECTRONIC DEVICE(S) AND TYPE OF DEVICE (video display or computer)
SOLD BY THE MANUFACTURER**

7. Please list the brand names of covered devices your company manufacturers. (Attach an additional page if necessary.)

(a) RCA video display, small screen sizes

(e)

(b)

(f)

(c)

(g)

(d)

(h)

For Cashiers Use Only

EDM 577003-344 12/01
33000 45685 0124

AY 2013 \$3,000

TAKEBACK PROGRAM CONSUMER CONTACTS

8a. What Web site address do you provide to consumers for information on your takeback program?

www.rcamobiledigitaltv.com/support/recycling/ and www.5rprocessors.com

8b. If provided, what telephone number do you provide to consumers for information on your takeback program? A telephone number is not provided.

TAKEBACK PROGRAM INFORMATION

9. Please describe your takeback program.

Innovative DTV Solutions works with 5R Processors to arrange free and convenient collection events in the State of Michigan for the collection and recycling of covered video display devices.

9a. Are appropriate devices covered with your takeback program? Check appropriate box:

If you are a manufacturer of computers do you accept all brands?

Yes

No

N/A

If you are a manufacturer of video display devices do you accept all brands?

Yes

No

N/A

9b. Is your takeback program free to consumers?

Yes

No

9c. Is your takeback program reasonably convenient and available to and otherwise designed to meet the needs of consumers in this state?

Yes

No

9d. What is the number of devices a consumer may deliver to your program each day? Unlimited # _____

9e. What method is used for takeback program? (check all that apply)

Mailback

Permanent collection site

Collection events

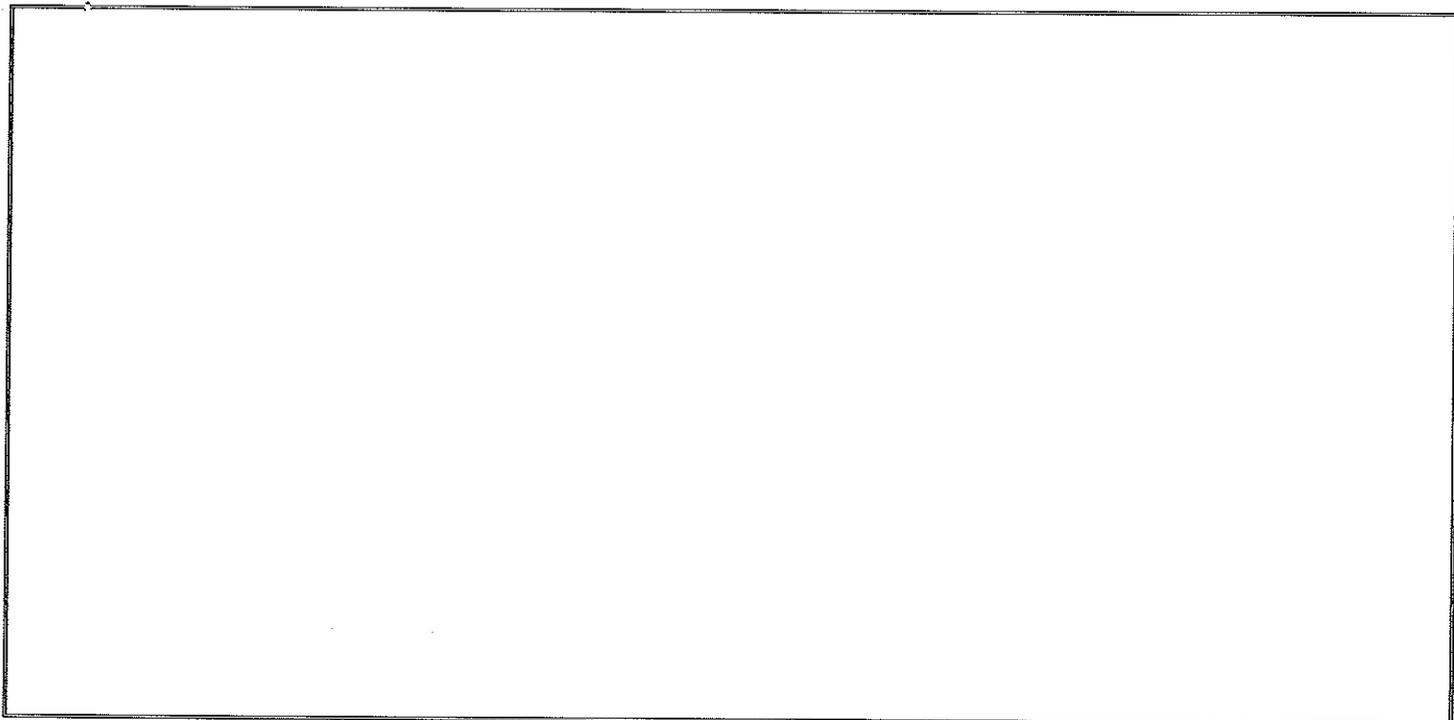
Retailer

10. What information do you provide to consumers on how and where to return covered electronic devices that are labeled with your name or brand label?

Innovative's website and the 5R website contain recycling information for Michigan residents.

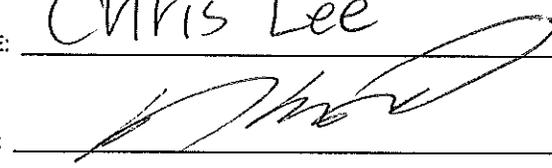
11. How do you provide information to consumers on how and where to return covered electronic devices?

See response to 10 above.



TAKEBACK PROGRAM REPORT (include this information beginning with the first registration submitted after the implementation of the takeback program)
12. The total weight of the covered electronic devices received by the takeback program from consumers during the prior year: 2040 pounds Tons (1.02 TONS)
13. The processes and methods used to recycle or reuse the covered electronic devices received from consumers: 5R Processors breaks down devices into component materials using manpower. Component material is sold as commodities for further processing into recycled materials for re-use. 5R is R2 certified.

I, the undersigned registrant, swear and affirm, UNDER PENALTY OF LAW, that the statements contained herein are true and correct. I certify under penalty of law that the information contained on this form, to the best of my knowledge and belief, is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

PRINT NAME: <u>Chris Lee</u>	DATE: <u>11/16/2012</u>
SIGNATURE: 	TITLE: <u>General Manager</u>